U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fine or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E				
1 File Number U 9426	2 Fiscal Year Covered From			
	01 / 01 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name JOHN TMAHONEY	Name IBEW LU 9			
,	Labor Organization File Number 015919			
PO Box Bldg Room No If any	PO Box Building and Room Number if any SUITE 330			
Street 4415 W HARRISON ST	Street 4415 W. HARRISON SI			
City 14166 SIDE	City HILLSID			
State 7	State ZIP Code +4 60162			
5 Position in labor organization ASSISTANT BUSIN	ESS MANIGER			
Enter appropriate data below if during the past fiscal year you or your spot (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions)			
A Held an interest in engaged in transactions (including loans) with or omeganetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a. Nature of Interest, Transaction or Income			
Name				
Trade Name If any				
PO Box Bldg Room No If any				
Street	7 b Amount			
Olicet				
City				
State ZIP Code + 4				
Signature				
15 Signature and verification. The undersigned declares under penalty of F submitted in this report (including the information contained in any accompany) undersigned s knowledge and belief true correct and complete (See the sec	ng documents) has been examined by the signatory and is to the best of the			
Signed Jaku Fillakone	on 8-12-05 708-421 0361			

Date

Telephone Number

Name of Person Filing John MAHONEY		File Number U	
B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the busines: tively seeking to represent or idirectly to or otherwise	S	
8 Name and address of Business (including trade name if any) Name Relly MyRell Trade Name if any Qualified Plans Confine PO Box Bldg Room No if any Street 3013 S Wolf Rd City West chesten State EL ZIP Code + 4 60154	9 Business deals with a Labor Organiza b Trust c Employer	tion	
10 If 9 b or 9 c is checked give trust or employer's name Name Line Clearance Beniti Fund a Trade Name if any Tic Twierna fiona PO Box Bldg Room No if any Street U525 Century 1010 DE	11 a Nature of such dealer HEBLTH + CONSU	WELLFAIR	UN KNOWN
City	12 a Nature of interest held		
	12 b Amount.		Appa Silos
C Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name			
Trade Name If any			
P O Box Bldg Room No if any Street City State ZIP Code + 4			
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment		

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Name of Person Filing John T. MAHONE	Y	File Number U
B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent or directly to or otherwise	\$
8 Name and address of Business (including trade name if any) Name Gold Borg, WPISMIN ACAIRO, FTD Trade Name if any PO Box Bidg Room No if any 3-4 10000 Street ONC FAST WALKER DR. 34 15 10000 City Chickgo State TLL 1 ZIP Code + 4 60601	9 Business deals with / a Labor Organization b Trust c Employer	ion
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13 b Is the Business an Employer or Consultant 2	14 b Amount of payment	Colorest Col

Name of Person Filing John T. MAHO	NEY	File Number U
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Name of Person Filing John T. MA HON	File Number U
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8 Name and address of Business (including trade name if any) Name Robert E Fitgerald Trade Name if any PO Box Bldg Room No if any Street 714 & Barlington City LaGRANGE State IL ZIP Code + 4 60501	9 Business deals with a Labor Organization b Trust c Employer
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8 Name and address of Business (including trade name if any) Name Mills States Elec Cont ASS. Trade Name if any PO Box Bidg Room No if any Street 245 Fench La City Hills i dc State IL. ZIP Code + 4 60162	9 Business deals with a Labor Organization b Trust c Employer			
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